

Customer Service

Office Locations - 7447 E. Indian School Road, 110

Scottsdale, AZ 85251

or

9379 E. San Salvador Dr., #100

Scottsdale, AZ 85258

Telephone - (480) 312-2400

**ALARM COMPANY
LICENSE APPLICATION****FOR CASHIER USE ONLY**

THIS APPLICATION MUST BE FILED AND LICENSE OBTAINED BEFORE YOU CAN LAWFULLY ENGAGE IN BUSINESS IN SCOTTSDALE. APPLICATION AND ANNUAL FEES ARE NON REFUNDABLE. INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

SECTION I. OFFICE USE ONLY

Number _____ Sic. Code _____ Check sheet to zoning: _____

ZONING: APPROVED ☐ DENIED ☐ COMMENTS: _____

DATE ____/____/____ INITIALS _____

APPLICATION FEE: _____

ANNUAL FEE: _____

FINGERPRINT FEE: _____

Make Check Payable To: City of Scottsdale

Out of town code: _____

Comments: _____

SECTION II. BUSINESS NAME, BUSINESS TELEPHONE, BUSINESS LOCATION AND START DATE

BUSINESS NAME (Individual, Company or "DBA", first name first) _____

Area Code _____ Telephone No. _____

STREET NO. _____ (N,E,S,W) _____ STREET NAME _____

Type _____ STE./APT. NUMBER _____ BLDG. NUMBER _____
(ST.DR.AV.)

City _____ State _____ ZIP _____

Start Date _____
In Scottsdale: _____**SECTION III. BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME**

STREET NO. _____ (N,E,S,W) _____ STREET NAME _____

Type _____ STE./APT. NUMBER _____ BLDG. NUMBER _____
(ST.DR.AV.)

City _____ State _____ ZIP _____ Area Code _____

Emergency No. _____

IN CARE OF FOR MAILING _____

SECTION IV. BUSINESS OWNERSHIP1. TYPE OF OWNERSHIP: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ ; STATE OF INCORPORATION _____

2. NAME OF OWNER(S), PARTNER(S) OR OFFICER(S) TITLE BIRTHDATE HOME ADDRESS HOME PHONE

3. CORPORATE STATUTORY AGENT:

NAME _____ STREET NO. _____ (N,E,S,W) _____ STREET NAME _____

(Area Code) _____ Business Telephone Number _____ CITY _____ STATE _____ ZIP _____

SECTION V. LOCAL MANAGERS OR MANAGING OFFICE (Please use additional paper if necessary)**RESIDENTIAL ADDRESS**

NAME _____ STREET NO. _____ (N,E,S,W) _____ STREET NAME _____

(Area Code) _____ Business Telephone Number _____ CITY _____ STATE _____ ZIP _____

NAME _____ STREET NO. _____ (N,E,S,W) _____ STREET NAME _____

(Area Code) _____ Business Telephone Number _____ CITY _____ STATE _____ ZIP _____

NAME _____ STREET NO. _____ (N,E,S,W) _____ STREET NAME _____

(Area Code) _____ Business Telephone Number _____ CITY _____ STATE _____ ZIP _____

SECTION VI. APPLICANT'S PREVIOUS EXPERIENCE IN SIMILAR ACTIVITY

NAME	LOCATION	DESCRIPTION

SECTION VII. STATEMENT OF CONVICTIONS OF APPLICANT AND AGENT

HAVE YOU EVER BEEN CONVICTED IN ANY JURISDICTION, EXCEPT FOR MINOR TRAFFIC OFFENSES, IN THE PAST 5 YRS. IMMEDIATELY PRECEDING THIS APPLICATION? ☐ YES ☐ NO IF YES, YOU MUST PROVIDE SPECIFIC INFORMATION.

WHO	OFFENSE	WHERE OFFENSE OCCURRED	DATE	COURT(S) ENTERED INTO

SECTION VIII. ALARM AGENTS (Please use additional paper if necessary)

RESIDENTIAL ADDRESS															A REGISTERED SECURITY GUARD			
NAME																	YES	NO
STREET NO.					(N,E,S,W)	STREET NAME												
CITY										STATE		ZIP						
NAME																	YES	NO
STREET NO.					(N,E,S,W)	STREET NAME												
CITY										STATE		ZIP						
NAME																	YES	NO
STREET NO.					(N,E,S,W)	STREET NAME												
CITY										STATE		ZIP						

ADDITIONAL INFORMATION REQUIRED

- * Alarm installation activity: A copy of the current, active C-12 contractor's license and/or an L67 low voltage communications license, issued by the state registrar of contractors.
- * Alarm monitoring activity: Proof of Underwriter's Laboratories (UL) or Factory Mutual (FM) listing.
- * Certificate of liability insurance, evidencing errors and omissions insurance and combined general comprehensive insurance in the minimum amount of \$1 million, and must specifically cover alarm systems. This insurance coverage shall remain in full force and effect throughout the term of the license.
- * Fingerprinting of all owners, general partners (if the applicant is a partnership), and officers (if applicant is a corporation) is required to complete the application process.

I hereby certify that all answers to questions on this application are true and complete and I agree and understand that any falsifications may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Scottsdale.

Date: _____ Applicant's Signature _____

POLICE DEPARTMENT USE ONLY

Recommendation: Approved: ☐ Denied: ☐ Date: _____

If denied - Reason: _____

Officer _____	I.D. No. _____
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I.D. No. _____